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Atty Docket No. 023070-115611US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Brian Yong Kwon

Group Art Unit 1614

OFFICIAL COMMUNICATION
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CERTIFICATION OF FACSIMILE TRANSMISSION

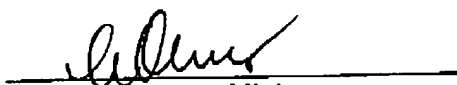
I hereby certify that the following documents in re Application of Deanna L. KROETZ et al., Application No. 10/694,641, filed October 27, 2003 for INHIBITORS OF EPOXIDE HYDROLASES FOR THE TREATMENT OF HYPERTENSION are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. PTO/SB/21 (1 page)
2. Amendment (20 pages)
3. PTO/SB/22 - Petition to Extend Time (1 page submitted in duplicate)
4. Declaration of Dr. Bruce Hammock (9 pages)

Number of pages being transmitted, including this page: 33

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Lata Olivier

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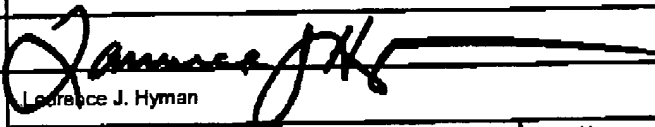
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PTO/SB/21 (09-04)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/694,641
	Filing Date	October 27, 2003
	First Named Inventor	Kroetz, Deanna L.
	Art Unit	1614
	Examiner Name	Brian Yong Kwon
	Attorney Docket Number	023070-115611US
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Decl. of Bruce D. Hammock (8 pages) Return Postcard
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Laurence J. Hyman		
Date	June 13, 2006	Reg. No.	35,551

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